obtained the training. Submit this completed form with your application for the certificate.

DENTAL BOARD OF CALIFORNIA



1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140

Applicant: Complete the top of this form and have your oral conscious sedation training certified by the educational institution where you



CERTIFICATION OF ORAL CONSCIOUS SEDATION FOR MINORS TRAINING

	,	
Applicant Name		
California Dental License Numbe	er	_
Name of School attended and date	eg.	
Turne of Serioof attended and and		
EDUCATIONAL INSTITUTION: Complete	This Portion Of Form	
	One means to qualify for a certificate is	cion of oral conscious sedation on an outpatient s to provide proof of completion of a board-
☐ Training offered at this education 1044.3.	·	outlined in California Code of Regulations Section
	Signature	Date
	Printed Name & Title	Telephone No.
clinical component consisting of	an adequate number of cases to demon- course included the areas outlined in C	oletion of at least 25 hours of instruction including a strate personal competency in oral conscious falifornia Code of Regulations Section 1044.3
I hereby certify that	OY A	satisfactorily completed the
		Participant was enrolled in a
		program when obtaining training in oral
medications and sedation.		
Dates of training		
Signature	Date	
Printed Name	Title	Telephone number
Seal of Educational Institution		